

Statement for the Record- Prenatal Nondiscrimination Act (PRENDA) of 2016
Judiciary Subcommittee on the Constitution and Civil Justice
Rep. Judy Chu
April 14, 2016

I am extremely disappointed to see that the misleadingly titled Prenatal Nondiscrimination Act, or PRENDA is once again up for discussion in this Subcommittee. PRENDA is a harsh piece of legislation that would impose criminal penalties on healthcare providers who perform certain abortions, and would have a chilling effect on the reproductive choice for all women in the United States. When I was a member of this Subcommittee, I voiced my strong opposition to the racist and sexist nature of this bill, and I continue to vehemently oppose this legislation.

This legislation is unworkable. It turns doctors into investigators, demanding that they question the motives of their patients, and determine why they are taking actions on their pregnancy. This bill forces doctors to independently decide if their patient is making this choice based on race or sex.

Furthermore, if a doctor makes an incorrect decision, he or she could be held criminally responsible. Consider this: a woman buys a home kit for \$30 at CVS or Walgreens, and discovers the sex of her baby. She goes to the doctor and mentions this, and he refuses to treat her.

It is very likely that in order protect themselves, doctors would decline to provide such services, which are legal, and say, "Better safe than sorry."

This bill claims to fight discrimination against women and people of color, but it actually creates barriers to women's health and promotes racial profiling. It suggests that minority women, like me, can't make decisions about our own bodies and families.

Sex selection is a real concern, especially in other countries, but the answer is not PRENDA. South Korea banned sex-selective abortion, and it did not work. It drove the practice even further underground, where neighbors, not doctors performed such procedures. It was only when they used a combination of strategies, including advocacy, media campaigns, enacting changes in the law and giving greater economic opportunities to women that the practice became less common. Sex selection – to the extent that it occurs in the U.S. – should be addressed by policies that remedy the underlying causes of son preference within particular communities, not by a criminal ban that would force medical providers to racially profile their clients and face jail-time and civil damages claims.

PRENDA paints all Asian immigrants with a broad brush, and assumes that because sex-selection occurs in other countries, it has been ingrained into the DNA of immigrants who come to the United States, and we therefore need this bill to protect us from ourselves.

As an Asian American woman, I believe PRENDA is an anti-choice bill in civil rights clothing. It is another way to undercut women's Constitutional right by making it difficult to access a legal abortion. Perpetuating harmful stereotypes about Asian American families will only cause providers to avoid taking minorities as patients. This bill is not about saving girls and minorities, this bill is about getting rid of women's right to choose.

Honorable Trent Franks, Chairman
Subcommittee on the Constitution and Civil Justice
Committee on the Judiciary
U.S. House of Representatives
Washington, DC 20510

April 14, 2016

RE: Reproductive Justice Community opposes PRENDA of 2016

Dear Members of the House Judiciary Subcommittee on the Constitution and Civil Justice:

We write to you as organizations concerned with protecting the rights and ensuring the well-being of women of color. We are organizations dedicated to reproductive justice, women's empowerment, racial justice, and human rights. We are outraged by the introduction of H.R. 4924, the "Prenatal Nondiscrimination Act." This bill is a deceptive attempt to limit abortion access for women of color, and it particularly targets Black, Latina and Asian American and Pacific Islander communities. We write in vehement opposition to this legislation.

H.R. 4924 discriminates against women of color and questions our ability to make decisions about our own bodies. In doing so, it furthers dangerous and degrading stereotypes about women and our communities, impedes progress toward gender equality, and infringes upon our civil rights.

This bill places increased scrutiny upon the motives of women of color who seek abortion care – an unfair burden not imposed upon other women. H.R. 4924 would criminalize a doctor who knowingly performs an abortion sought on the basis of sex or race and would require nurses or doctors to report suspected cases. A ban like this opens the door for politicians to further intrude into the personal health decisions of women. In fact, it encourages providers to profile patients based on race. It sets a dangerous precedent for defining what reasons are or are not acceptable for women seeking an abortion and could lead to even more restrictions on access to safe, legal reproductive health care for women. Patients must be able to trust their doctors to keep their personal and private information confidential. These laws would interfere with open, honest communication between doctors and patients by forcing doctors to report a patient's motivations for seeking care to authorities. H.R. 4924 is nothing more than an attack on our right to self-determine whether and when to have children, and we refuse to allow race and gender to be wielded as a weapon to undermine abortion rights.

Creating additional barriers to abortion care will exacerbate the health disparities women of color already face. For example, women of color experience disproportionately high rates of unintended pregnancy,ⁱ are more likely to live in povertyⁱⁱ thus less likely to be able to afford abortion care (or other healthcare) out-of-pocket, and are more likely to be without insurance.ⁱⁱⁱ Inability to obtain wanted abortion care has been linked to an increased risk of falling below the poverty line,^{iv}

highlighting the essential nature of comprehensive reproductive healthcare services – including abortion.

Calls to ban so-called “race and sex selection abortion” do not support women or families. Rather, they increase stigma around abortion and, moreover, are rooted in and perpetuate harmful stereotypes about women of color and immigrant women – denigrating us and our children. Unfortunately, opponents to abortion deploy such racially-charged tactics all too frequently. For example, in 2010 anti-choice groups such as Georgia Right to Life^v and Heroic Media^{vi} began placing billboards across the country in predominantly Black and Latino communities, hatefully declaring: “The most dangerous place for an African American is in the womb.”^{vii} We have fought these and other local and state efforts to smear our communities and limit our healthcare options in the past and will continue to do so at the federal level.

Any measure that elevates harmful, wrong-headed stereotypes about communities of color will not only fail in promoting racial and gender equality, but in fact weaken it. H.R. 4924 further exacerbates inequities and diminishes the health, well-being, and dignity of women and girls by restricting their access to reproductive health care. We represent reproductive justice organizations that work tirelessly to promote healthy lives for women and their families. Our work involves efforts to: remove the Hyde amendment, a policy that prevents many women from accessing timely and affordable reproductive healthcare; increase family planning funding; and encourage more culturally and linguistically competent healthcare. These are the types of policies we believe will truly address the needs of women, their families, and their communities.

We represent the women and people of color this bill purports to protect, and we are announcing our unequivocal condemnation of it. We look forward to opportunities to work with the members of the committee on policies that will truly protect our communities and encourage gender equity.

Sincerely,

Advocates for Youth

Center on Reproductive Rights and Justice at UC Berkeley School of Law

Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)

Desiree Alliance

Forward Together

In Our Own Voice: National Black Women's Reproductive Justice Agenda

Law Students for Reproductive Justice

National Asian Pacific American Women's Forum

National Center for Lesbian Rights

National Latina Institute for Reproductive Health

National LGBTQ Task Force Action Fund

National Network of Abortion Funds

New Orleans Abortion Fund
New Voices for Reproductive Justice
New Voices Pittsburgh
New York Abortion Access Fund
Reproductive Justice Clinic at NYU School of Law
SisterLove
SisterReach
SPARK Reproductive Justice Now
Third Wave Fund
URGE: Unite for Reproductive & Gender Equity
WV FREE
Young Women United

ⁱ Guttmacher Institute, “Despite recent declines, unintended pregnancy rates in the U.S. remain high among women of color,” Feb. 29, 2016, <https://www.guttmacher.org/infographic/2016/despite-recent-declines-unintended-pregnancy-rates-us-remain-high-among-women-color> (Showing rate of 58 per 1000 among Hispanic women and 79 per 1,000 among Black women compared to 33 per 1000 among white women);

ⁱⁱ National Women’s Law Center, “National Snapshot: Poverty Among Women & Families, 2014,” September 2015, <http://nwlc.org/wp-content/uploads/2015/08/povertysnapshot2014.pdf>.

ⁱⁱⁱ The Henry J. Kaiser Family Foundation, “Women’s Health Insurance Coverage,” Feb. 2, 2016, <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>.

^{iv} Rachel K. Jones, Ushma D. Upadhyay, and Tracy A. Weitz, “At What Cost?: Payment for Abortion Care by U.S Women,” *Women’s Health Issues* 23 no. 3, (May 2013): e175, <http://www.guttmacher.org/pubs/journals/j.whi.2013.03.001.pdf>. Average costs exclude women who had zero out-of-pocket payments.

^v Shaila Dewan. “To Court Blacks, Foes of Abortion Make Racial Case.” *The New York Times*. 26 Feb. 2010. Retrieved December 2, 2011, from <http://www.nytimes.com/2010/02/27/us/27race.html?pagewanted=all>

^{vi} Titania Kumeh. “Mother Sues Anti-Choice Groups Behind Billboards.” *Mother Jones*. 29 Apr. 2011. Retrieved December 2, 2011, from <http://motherjones.com/mixed-media/2011/04/mother-sues-anti-abortion-groups-billboards>

^{vii} Tanya Somanader, “New Right-Wing Billboard Campaign “The Most Dangerous Place For a Latino Is In The Womb,”” *Think Progress*, (June 10, 2011), <http://thinkprogress.org/politics/2011/06/10/241266/billboard-dangerous-place-womb/>.

Hearing on H.R. _____,
Prenatal Nondiscrimination Act (PRENDA) of 2016

**Letter from Asian American and Pacific Islander Community Organizations and Individuals
April 14, 2016**

Chairman Franks, Ranking Member Cohen, and Members of the Subcommittee:

We are individuals and organizations that represent the Asian American and Pacific Islander community (AAPI), and we write today to register our opposition to H.R. _____, the “Prenatal Nondiscrimination Act.” As organizations and members of the community, we want to improve the lives of Asian Americans and Pacific Islanders and welcome continued efforts to work with you on the issues that affect our community. However, this bill does nothing of the sort. Instead, this bill exploits our community in an attempt to limit abortion access for women of color, including AAPI women, and we stand firmly against it.

We are concerned this bill will perpetuate the dangerous stereotype that the AAPI community does not value the lives of girl children. By accusing AAPIs of choosing to have abortions because of a preference for sons to daughters, H.R. _____ accuses us of devaluing the lives of the women and girls in our families.

We condemn son preference in all its forms, if passed, this legislation will do nothing to address that issue. A real response to son preference would be to address social norms that devalue women and girls, and lead to son preference, not placing additional hurdles between women and their healthcare providers. This bill does nothing to address prevalent gender discrimination issues such as pay equity, gender-based violence or intimate partner violence.

By focusing on the AAPI community, this bill singles out the motivations behind our community’s need to access healthcare, a scrutiny that would not apply to others. A patient’s race or ethnicity should have no bearing on their ability to access healthcare.

AAPI women already face numerous hurdles to accessing healthcare, and if passed this bill would just exacerbate health disparities and put additional stigma on women of color. The existence of racial disparities in healthcare is a real problem. Nearly 9.3% of Asian Americans are uninsured while only 7.6% of the non-Hispanic, White population is without insurance.¹ Over 30% of Asian American women have not had a mammogram for the past two years, and 29.4% have not had a Pap-Test in three years.² In certain segments of the AAPI community, such as the Vietnamese-American community,

¹ Jessica C. Smith & Carla Medalia, U.S. Census Bureau, *Health Ins. Coverage in the U.S.: 2014*, at 4 (Sept. 2015) <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf> .

² Am. Cancer Soc’y, *Cancer prevention and early detection facts and figures* at 42, 45 (2015-2016) <http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-045101.pdf> .

instances of cervical cancer are some of the highest in the country.³ Additionally, women of color are diagnosed with HPV related cancer at higher rates than non-Hispanic White women.⁴ Instead of addressing these critical issues, this bill exacerbates the disparities by further restricting certain women's access to comprehensive reproductive healthcare services, scrutinizing the health decisions of women of color, and penalizing healthcare providers who serve communities of color. Instead of empowering AAPI women, this bill implies that our community cannot make its own healthcare decisions.

We commend the goal of confronting race and sex discrimination. However, we strongly oppose H.R. - ____ as a wrong and deceptive approach to this important issue. We believe there are effective ways to take on the complex problems of racial and sex discrimination and we would welcome the opportunity to work with members of the subcommittee to advance legislation that would end discrimination in the United States.

Sincerely,

Organizations:

- 18MillionRising.org
- Asian American Psychological Association
- Asian Pacific American Network of Oregon
- Asian & Pacific Islander American Health Forum
- Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
- Jahajee Sisters
- Lehmann Norman & Marcus
- Medical Students for Choice
- National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
- National Asian Pacific American Women's Forum (NAPAWF)
- National Council of Asian Pacific Americans (NCAPA)
- National Council of Jewish Women Greater New Orleans Section
- OCA - Asian Pacific Americans Advocates
- Surge Reproductive Justice

Individuals:

1. Aimee Thorne-Thomsen
2. Alice Polesky
3. Anirvan Chatterjee
4. Anita Dharapuram
5. Arpita Appannagari
6. A. Talbott
7. Barnali Ghosh

³ Grace X. Ma et al., *Increasing Cervical Cancer Screening Among Viet. Am.: A Cmty-Based Intervention Trial*, 26 J. Health Care for the Poor and Underserved 2, 37 (May 2015).

⁴ Ctr. for Disease Control and Prevention, *HPV in Cmty. of Color* (May 2015) <http://www.cdc.gov/features/preventhpv/>.

8. Benjamin De Guzman
9. Branan Edgens
10. Brooke McGee
11. Caitlin Ho
12. Carol Cantwell
13. Casey Sweeney
14. Chi Nguyen
15. Chitra Panjabi
16. Christine Ma
17. Christopher Kang
18. Chris Neff
19. Claudia Leung
20. Cole Parke
21. Cyndy Yu-Robinson
22. Daniel Weeks
23. Deepa Iyer
24. Denise Heitzenroder
25. Devan Shea
26. Dinh Tran-Phuong
27. Dolly John
28. Elizabeth Watts White
29. Elsa Batca
30. Elyse Tuennerman
31. Emily Godfrey
32. Erika Walker
33. Eve Lo
34. Florence Chien
35. Gay Watmore
36. Gina Charusombat
37. Gladys Nubla
38. Harmony Glenn
39. Helen Babb
40. Henry Weinberg
41. Hye-Kyung Kang
42. Iriñi Neofotistos
43. Ivy Yan
44. Jamie Lau
45. Janet Chung
46. Janie Anderson
47. Jennifer Chin
48. Jennifer Chou
49. Jennifer Woodruff
50. Jessica Cendana
51. Jessica Rooks
52. Jessica Scruggs
53. Jnana Hand
54. Joyce Flight
55. Judy Yu

56. Julie Burton
57. Julie Guzman
58. Julie Vang
59. Kao Ly Her
60. Karen Shimamoto
61. Kathy Nakagawa
62. Kaylie Tram
63. Kellie Smith
64. Kelly Baden
65. Kelly Gilmore
66. Kimberly Moen
67. Lan Nguyen
68. Laura Jimenez
69. Leah Bonnema
70. Leslie Wolfe
71. Linda Eales
72. Lindsay Imai Hong
73. Linda Yang
74. Maia Cole
75. Mai Yang
76. Mandy Clinton
77. Mary Tablante
78. Meghan Faulkner
79. Michelle Chen
80. Melissa Mikesell
81. Michelle Erenberg
82. Monica Lee
83. Nga Bui
84. Nhia Lee
85. Nimra Chowdhry
86. Payal Sharmacharya
87. Pia Cortez
88. Pooja Ghosh
89. Pramila Jayapal
90. Prashant Inamti
91. Pratima Gupta
92. Radhika Rajan
93. Rajani Bhatia
94. Ravina Daphtary
95. Rebecca Chan
96. Regina Ledesma
97. R. Sugawa
98. Ronald Tam
99. Sarah Felts
100. Saurav Sarkar
101. Shan Lin
102. Sharon Her
103. Sharon Maeda

104. Sheila Desai
105. SooJi Maranda
106. Sophia Ng
107. Soya Jung
108. Stephanie Anderson
109. Stephanie Zhou
110. Susannah Baruch
111. Symone Ma
112. Tai-An Miao
113. Venus Thomas
114. Ying Zhang
115. Yong Chan Miller

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April 14, 2016

Rep. Trent Franks
Chairman, Subcommittee on the Constitution
House Judiciary Committee
2435 Rayburn HOB
Washington, DC 20515

Rep. Steve Cohen
Ranking Member, Subcommittee on the Constitution
House Judiciary Committee
2404 Rayburn HOB
Washington, DC 20515

Dear Chairman Franks, Ranking Member Cohen, and Members of the Subcommittee:

I have had the opportunity to read the Prenatal Nondiscrimination Act, which is to be considered in the House of Representatives and cites to my research. I can say, unequivocally, that I have been misquoted and what is presented in this bill is quite out of context. As presented, this bill is being used to better support those who want to further harm and restrain immigrant women who are victims of domestic violence and forced by their families to have abortion. For me, having an abortion is a woman's choice. I am very disappointed that those responsible for quoting me in this bill made it sound like all South Asians hate their daughters and all South Asian women are victims of domestic violence, which is not the case. When I speak about South Asian women, I am only speaking about those who are my clients, not the whole community.

For the past 35 years, I have been working with South Asian women who are victims of domestic violence. My pioneering work in Canada has resulted in the founding of three organizations that assist immigrant women. I have counselled hundreds of women in the past three decades and, during this time I have not met one woman who was determined to use abortion as a means of family planning.

The quotes relating to sex-selection were in the context of domestic violence. The issue of sex-selection abortion is very complex and deeply rooted in barbaric cultural practices.

When a woman is allowed to make a choice, it is the process of 'making the choice,' which is empowerment. The issue is not how many abortions a woman has. The issue is who is choosing that she have these abortions. The decision about what happens to her body should always belong to the women and her alone. That is her right. This right is not available to many immigrant women.

Unable to fully understand the complexity of culturally rooted violence, policy makers and advocates often make decisions that are inappropriate, or even dangerous, to women in certain communities. Instead of making policies that question women's motives, you should consider addressing domestic violence through culturally and linguistically competent policy reform. We must get away from 'cookie cutter' policies and understand that

domestic violence in many communities requires specialized knowledge and a singular perspective. At present, the greatest barrier to services offered to victims of domestic violence in immigrant communities is the lack of culturally appropriate training for frontline service providers.

In order to educate immigrant women about their rights, gender inequity, and laws, which protect them from violence, coercion and forced marriages, the Canadian government had provided funding and other resources.¹ There is now mandatory training for police officers and other frontline justice staff. For the past 10 years, I have travelled nationally and internationally training social workers, police officers, family court judges and other front-line service providers on the subject of systemic barriers to service.

It is important that service providers fully understand the impact immigration and resettlement has on families. Resettlement is not just about finding a home and renting a place to live, it is traumatic and most service providers have little or no experience in how best to help new immigrants and refugee families. Isolated and faced with systemic barriers, some immigrants cling to what they know. For them the doors to integration in the host society are shut. While there is lot more work which needs to be done to help new immigrants, the Canadian government continues to provide support and resources.

Immigrants who come to the West bring with them their talents, their skills, educations and contribute to the host society. They also bring with them many positive elements of their culture which allows us to enjoy a multicultural environment. However, domestic violence is a global phenomenon it crosses all cultural, ethnic and social statuses, therefore, some immigrant families also face these challenges. It is imperative that the service providers be trained and culturally competent to meet the needs of those who seek assistance.

Sincerely,

Aruna Papp

¹<http://news.nationalpost.com/news/canada/canadian-politics/tories-fun-program-hoping-to-combat-honour-crimes-in-canadas-muslim-community>